	ENT covers the follow curity interest in	ring collateral:			<u> </u>		
MAILING ADDRESS 5 Goodman Road East			Southaven	STATE MS	POSTAL CODE 38671	COUNTRY	
3b. INDIVIDUAL'S LAST NAME			FIRST NAME	MIDDLE	LE NAME SUFF		
First Tennessee		Association					
			S/P) - insert only one secured party name (3a or	3b)		NON	
SEE INSTRUCTIONS	ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	21. JURISDICTION OF ORGANIZATION	'	2g. ORGANIZATIONAL ID #, if any		
MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY	
R 26. INDIVIDUAL'S LAST	NAME		FIRST NAME	MIDDLE	NAME	SUFFIX	
ADDITIONAL DEBTO	OR'S EXACT FULL	LEGAL NAME - insert only one of	debtor name (2a or 2b) - do not abbreviate or con			NO	
SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION Partnership	1f. JURISDICTION OF ORGANIZATION , MS		1g. ORGANIZATIONAL ID #, if any		
6885 Pasadena Driv	/8		Horn Lake	STATE MS	POSTAL CODE 38637	COUNTRY	
. MAILING ADDRESS			FIRST NAME	MIDOLI	MIDDLE NAME		
Millennium Bod	y Works, L.L.P.		FIRST NAME				
			or 1b) - do not abbreviate or combine names			JOE OILE I	
			THE ABOV	F SDACE IS I	FOR FILING OFFICE		
Commerc 615 Good	nessee Bank Na ial Banking - So man Road East n, MS 38671	ntional Association outhaven					
B. SEND ACKNOWLE							
A. NAME & PHONE O	NS (front and back) F CONTACT AT FI) CAREFULLY ILER (optional)					
UCC FINANCII	NG STATEM	MENT					

5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR	CONSIGNEE/CONSIGNOR BAILEE/BAILOR	SELLER/BUYER	AC UEN	NON LISO STITUS
This FINANCING STATEMENT is to be filed [for record] (or recorde ESTATE RECORDS. Attach Addendum	d) in the REAL 7. Check to REQUEST SEARCH REPOR		AG. LIEN	NON-UCC FILING
Attach Addendum	(if applicable) [ADDITIONAL FEET	[optional]	_ All Debtors De	btor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA	· · · · · · · · · · · · · · · · · · ·			

	LOW INSTRUCTIONS									
	NAME OF FIRST DEBT				TEMENT					
	9a. ORGANIZATION'S NAME									
OR	Millennium Body Works, L.L.P.									
Oit	9b. INDIVIDUAL'S LAST N	AME	FIRST	NAME	MIDDL	NAME, SUFFIX				
10.	MISCELLANEOUS:	<u></u>								
							THE ABOVE	: SPACE	IS FOR FILING OFFI	CE USE ONLY
	ADDITIONAL DEBTOR		LEGAL I	NAME - insert only <u>one</u> r	name (11a or 1	1b) - do not abbre	eviate or combine nar	nes		
OR	11b INDIVIDUAL'S LAST	NAME			FIRST NAME		MIDDLE NAME		SUFFIX	
11c.	MAILING ADDRESS				CITY			STATE	POSTAL CODE	COUNTRY
11d	SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE	OF ORGANIZATION	11f. JURISDI	CTION OF ORGA	ANIZATION	11g. OR(SANIZATIONAL ID #, if a	none
12.	ADDITIONAL SECU 12a. ORGANIZATION'S NA		<u>ŏr</u>	ASSIGNOR S/P'S	NAME - inse	art only <u>one</u> name	(12a or 12b)			· · · · · · · · · · · · · · · · · · ·
OR	12b INDIVIDUAL'S LAST I	IAME		· · · · · · · · · · · · · · · · · · ·	FIRST NAME			MIDDLE	NAME	SUFFIX
		D INDIVIDUAL STAST NAME			TINOT HAMIL		MIDDEE NAME			
12c.	MAILING ADDRESS				CITY			STATE	POSTAL CODE	COUNTRY
14.	This FINANCING STATEME collateral, or is filed as a Description of real estate:	1 1	per to be cu	t or as-extracted	16. Additions	al collateral descri	iption [.]			
	Name and address of a REC (if Debtor does not have a re		oove-de s cr	ibed real estate	Debtor is a 18. Check or Debtor is Filed in ca	Trust or T Trust or T a TRANSMITTIN connection with a fi	nd check <u>only</u> one bo fustee acting with re nd check <u>only</u> one bo G UTILITY Manufactured-Home Public-Finance Trans	spect to pro x. Transaction	- effective 30 years	Decedent's Estate

Lots 32 and 33, Section "B", Goodman 51 Commercial and Industrial Park, located in Section 35, Township 1 South, Range 8 West, City of Southaven, DeSoto County, Mississippi, as per plat recorded in Plat Book 45, Page 48, in the Chancery Clerk's office of DeSoto County, Mississippi.

SIGNED FOR IDENTIFICATION

MILLENNIUM BODY WORKS, L.L.P.

GREG GAMMELL

SCOTT CALDWELL

After Recording, Return To:
Baskin, McCarroli, McCaskill & Campbell, PA
PO Box 190
Southaven, MS 38671
(662) 349-0664
File No. 905040 Initials: